

St. Matthews Executive Suites

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FAX COVER SHEET

TO: Mr. Cecil
FAX NO.: 703-872-9481
FROM: Katherine Jackson
FAX NO.: (502) 894-6001
DATE: 11/07/02

____ PAGES (INCLUDING COVER PAGE)

COMMENTS:

NOTE:

IF THIS FAX IS NOT RECEIVED IN ITS ENTIRETY, PLEASE CALL (502) 894-6000.

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November 7, 2002

Box RCE Amendment
Commissioner for Patents
Washington, D.C. 20231

RE: 00-6AAF (DN 7814)
PRODUCT AND METHOD OF FORMING SUCCESSIVE LAYERS OF FACE-TO-
FACE ADJACENT MEDIA WITH CALCULATED PORE SIZE

Dear Mr. Cecil:

Pursuant to your telephone call with Mr. Ralph B. Brick of 11/06/02, we are re-faxing the Amendment "C" (after RCE) in the above matter including the RCE Form, the Credit Payment Form, and 20 pages of Amendment "C" (after RCE).

Please call me at 502-894-6000 when you have received the same in a satisfactory form.

Thank you for your attention in this matter.

Sincerely,

Katherine A. Jackman

Katherine A. Jackman
Office Manager

RBB:kaj

PTO-2038 (02-2000)

Approved for use through 01/31/2003. OMB 0651-0043

United States Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Credit Card Payment Form
Please Read Instructions before Completing this Form

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| Credit Card Type: | Visa | <u>MasterCard</u> | American Express Discover |
| Credit Card Account # | [REDACTED] | | |
| Credit Card Expiration Date: | 10/06 | | |
| Name as it Appears on Credit Card: | RALPH B BRICK | | |
| Payment Amount: \$(US Dollars): | 1112. ⁵⁰ / ₁₀₀ - Includes RCE Fee \$740 ⁰⁰ & Adm'l. Charge \$972 ⁵⁰ | | |
| Signature: | <i>Ralph B. Brick</i> | | Date: 10/14/02 |
| <small>Refund Policy: The Office may refund a fee paid by mistake or in excess of that required. A change of purpose after the payment of a fee will not entitle a party to a refund of such fee. The Office will not refund amounts of twenty-five dollars or less unless a refund is specifically requested, and will not notify the payor of such amounts (37 CFR 1.26). Refund of a fee paid by credit card will be via credit to the credit card account. Service Charge: There is a 50.00 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21(m)).</small> | | | |
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| Street Address 1: 2903 TUCKAHO ROAD | | | |
| Street Address 2: | | | |
| City: LOUISVILLE | | | |
| State: KENTUCKY | | Zip/Postal Code: 40207 | |
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| Application No. 09/781786 | Application No. | Serial No. | IDON Customer No. |
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| Attorney Docket No. 90-6AAP (2N7814) | | Identify or Describe Mark | |

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